



TEXAS JUVENILE JUSTICE DEPARTMENT

OFFICE OF THE INSPECTOR GENERAL

I give my informed consent to engage in a series of physical tests administered by the Office of Inspector General. The purpose of the physical test are to meet job duties and requirement of a commissioned peace officer for the Office of Inspector General.

I realize that there may be some risk of injury or aggravated existing medical condition in any of the assessments involving physical exertion. The testing will require me to perform any of the listed items below requiring musculoskeletal endurance and strength.

The following physical and mental characteristics are representative of those deemed necessary for an employee to successfully perform the various duties of this job. Reasonable accommodations will be made as needed to enable individuals with disabilities to perform essential job functions.

Ability to communicate effectively, orally, in writing and electronically	Climbing ladders Climbing stairs Crawling Depth perception Firearms proficiency Grasping Heavy lifting, 45 lbs. & over Heavy carrying, 45 lbs. & over	Identify colors Kneeling Operate motor equipment Pulling Pushing Reaching above shoulder Repeated bending	Restraining combative youth Running Sitting Standing Stooping Twisting Walking
---	--	---	--

I do hereby release, indemnify and hold harmless the Texas Department of Juvenile Justice and the TJJD Office of Inspector General, its Board, officers, agents and employees from and against any and all claims, liability and causes of action which have occurred or may occur now as a result of participating in the Office of Inspector General physical test. I understand that participation in and successful completion of the physical test is required in order to be considered for employment as a member of the Office of Inspector General. I understand and agree that during the test that my physical strength, ability and condition will be measured and in conjunction therewith I will be required to exert myself physically, and that such exertion is only intended to determine whether I meet the job related requirements regarding physical and mental characteristics to be considered for employment by the Office of Inspector General. I have no knowledge of any physical condition that precludes my participation and I have been cleared by my personal physician before participating in this physical testing. I voluntarily agree to participate in the physical agility test and do so at my own risk knowing the possible consequences and including the risk of injury I hereby affirm that I have read and fully understand the above statement.

Name _____ Signature _____ Date _____